

PTO/SB/01 (10-01)

Approved for use through 10/31/2002. QMB 0651-0022

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it carries a valid OMB control number.

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input checked="" type="checkbox"/> Declaration Submitted with Initial Filing or <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16(e)))	Attorney Docket Number RP-01068-US
	First Named Inventor CHEPEAU
	COMPLETE IF KNOWN
	Application Number /
	Filing Date
	AI Unit
	Examiner Name

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Service Center for a Recreational Vehicle

the specification of which (Title of the invention)

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which becomes available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's right certificate(s), or 365 (c) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's right certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application	Foreign Filing Date	Priority	Certified Copy Attached?	
			YES	NO
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

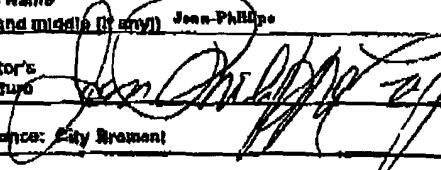
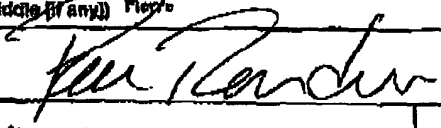
[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Approved for use through 10/31/2002, OMB 0851-0032
 U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to:		<input checked="" type="checkbox"/> Customer Number or Bar Code Label	00909	OR	<input type="checkbox"/> Correspondence address below
Name					
Address					
City		State		ZIP	
Country		Telephone		Fax	
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>					
NAME OF SOLE OR FIRST INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any))			Family Name or Surname		
Jean-Philippe			CREPEAU		
Inventor's Signature			Date		
			Sept 03		
Residence: City		State	Country	Citizenship	
Bromont		Quebec	Canada	Canadian	
Mailing Address 77 Champlain					
City		State	ZIP	Country	
Bromont		Quebec	J2L 3A6	Canada	
NAME OF SECOND INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any))			Family Name or Surname		
Pierre			RONDEAU		
Inventor's Signature			Date		
			Sept 9.03		
Residence: City		State	Country	Citizenship	
St-Denis-de-Bromont		Quebec	Canada	Canadian	
Mailing Address 1590, rue Bouffard					
City		State	ZIP	Country	
St-Denis-de-Bromont		Quebec	J2B 2P0	Canada	
<input type="checkbox"/> Additional inventors are being named on _____ supplemental Additional Inventor(s) sheet(s) PTD/5B/02A attached hereto.					

Please type a plus sign (+) inside this box 

PTO/SB/R1 (12-01)

Approved for use through 10/31/2002. OMB 0551-0035

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**POWER OF ATTORNEY OR
AUTHORIZATION OF AGENT**

Application Number	N/A
Filing Date	N/A
First Named Inventor	CREPEAU
Group Art Unit	N/A
Examiner Name	N/A
Attorney Docton Number	RF-01868-185

I hereby appoint:

☒ Practitioners at Customer Number

00909

Place Customer
Number Bar Code
Label here

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☒ The above-mentioned Customer Number.

OR

☐ Practitioner(s) at Customer Number.Place Customer
Number Bar Code
Label here☐ Firm or
Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).**SIGNATURE of Applicant or Assignee of Record**

Name

Jean-Philippe CREPEAU

Signature

Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple

☒ Total of 02 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box →



Approved for use through 10/31/2002. OMB 0851-0035
 U.S. Patent and Trademark Office U.S. DEPARTMENT OF COMMERCE
 Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	N/A
Filing Date	N/A
First Named Inventor	CREPEAU
Group Art Unit	N/A
Examiner Name	N/A
Attorney Docket Number	RF-01048-U33

I hereby appoint:

☒ Practitioners at Customer Number

00909

Place Customer
Number Bar Code
Label here

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☒ The above-mentioned Customer Number.

OR

☐ Practitioner(s) at Customer Number.

Place Customer
Number Bar Code
Label here

☐ Firm or
Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/06).

SIGNATURE of Applicant or Assignee of Record

Name

Pierre BONDEAU

Signature

Date

SEPT 9 2003

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple

☒ Total of 02 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.